

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Planned Parenthood Votes

ADDRESS (number and street)

123 William St, 10th Floor

Check if different  
than previously  
reported. (ACC)

New York

NY

10038

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00489799

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☒ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
08 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
08 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Hubbard, Tshombe, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Hubbard, Tshombe, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 30 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Planned Parenthood Votes

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
08 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">1143446.70</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">6526254.33</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">796380.00</span>	<span style="border: 1px solid black; padding: 2px;">10582604.54</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">7322634.33</span>	<span style="border: 1px solid black; padding: 2px;">11726051.24</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">4841396.13</span>	<span style="border: 1px solid black; padding: 2px;">9244813.04</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">2481238.20</span>	<span style="border: 1px solid black; padding: 2px;">2481238.20</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">188367.94</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**Planned Parenthood Votes**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
08		01		2016

To:

M M	/	D D	/	Y Y Y Y
08		31		2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

794550.00

10569569.54

(ii) Unitemized .....

1830.00

10535.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

796380.00

10580104.54

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

2500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

796380.00

10582604.54

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)) .....

796380.00

10582604.54

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

796380.00

10582604.54

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1499170.58	2259374.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1499170.58	2259374.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	280000.00	413034.37
24. Independent Expenditures (use Schedule E) .....	2576567.26	4816012.06
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1000000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1000000.00
29. Other Disbursements (Including Non-Federal Donations).....	485658.29	756392.08
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4841396.13	9244813.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4841396.13	9244813.04

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	796380.00	10582604.54
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1000000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	796380.00	9582604.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1499170.58	2259374.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1499170.58	2259374.53

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFH'G7 <98I @ 'CF' +H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

This amendment is being filed in response to the Commissions December 27, 2016 request for additional information (the Dec. 27 RFAI) (see also our Miscellaneous Report to FEC and Amended September 27, 2016, 48 hour Notice, filed the same day as this amendment, for the full response to the Dec. 27 RFAI). Because the disbursements in Question 1 of the Dec. 27 RFAI [B626890, B626891] and two other disbursements to payee Florida Alliance of Planned Parenthood Affiliates [B626894, B626919] were not independent expenditures as defined in 11 CFR 100.16, they are being removed from Schedule E and reported on Line 21b of Schedule B of this report as a single disbursement (totalling \$7,647.45).

Form/Schedule: F3XA

Transaction ID:

Further, this amendment 1) adjusts the total amount of a disbursement [B626776] made during this period because the remainder of the amount originally reported is now applied as payment of debts incurred and reported on the M7 [B620244, B617860, B617857], and 2) removes two memo items [B626924, B626926] totalling \$0.50 from Schedule E because the related independent expenditures [B623974, B623973], which were originally reported on Schedule E, reflect the entire amount spent on that canvass lit. The summary pages are also updated accordingly.

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 80  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Amaon, Gary, , ,**

Mailing Address 2013 Simond Avenue, #D

City  
Austin

State  
TX

Zip Code  
78723-4569

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
None

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
08 / 18 / 2016

**Transaction ID : A2016-1736607**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Anderson, Douglas, , ,**

Mailing Address PO Box 205

City  
La Fayette

State  
NY

Zip Code  
13084-0205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
None

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY  
08 / 22 / 2016

**Transaction ID : A2016-1736568**

Amount of Each Receipt this Period

700.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Baird, Bridget, B, ,**

Mailing Address 28 Old Mill Road

City  
Quaker Hill

State  
CT

Zip Code  
06375-1319

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
None

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

MM / DD / YYYY  
08 / 02 / 2016

**Transaction ID : A2016-1736616**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

51700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Beynon, Esther, , Ms.,**

Mailing Address 2560 Hill Circle

City  
Colorado Springs

State  
CO

Zip Code  
80904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self - Employed

Occupation (for Individual)

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
08 / 10 / 2016

**Transaction ID : A2016-1736580**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Braddon-Walker, Annette, , ,**

Mailing Address 5605 Moddison Avenue

City  
Sacramento

State  
CA

Zip Code  
95819

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
08 / 05 / 2016

**Transaction ID : A2016-1736587**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Braufman, Jill, , Ms.,**

Mailing Address 930 Meadow Lane

City  
Southampton

State  
NY

Zip Code  
11968

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self - Employed

Occupation (for Individual)

Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

MM / DD / YYYY  
08 / 30 / 2016

**Transaction ID : A2016-1736592**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

26500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Butler, Lauren, , ,**

Mailing Address 99 Winchester Street #2

City  
Brookline

State  
MA

Zip Code  
02245

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self - Employed

Occupation (for Individual)

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
08 / 05 / 2016

**Transaction ID : A2016-1736593**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Clark, Barbara, , ,**

Mailing Address 1035 Kellum St, #3D

City  
Fairbanks

State  
AK

Zip Code  
99701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
08 / 08 / 2016

**Transaction ID : A2016-1736576**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Clasquin, Rani, , ,**

Mailing Address 911 Old Stonehedge Street

City  
West Lake Hills

State  
TX

Zip Code  
78746-3529

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self - Employed

Occupation (for Individual)

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
08 / 03 / 2016

**Transaction ID : A2016-1736606**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Clemmensen, Barbara, , ,**

Mailing Address 243 Springvale Road

City

Great Falls

State

VA

Zip Code

22066

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CGI Federal

Occupation (for Individual)

Director

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

Transaction ID : A2016-1736604

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Connelly, Serena, S, ,**

Mailing Address 3156 Brookhollow Drive

City

Dallas

State

TX

Zip Code

75234-6486

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Contran Corp

Occupation (for Individual)

Executive

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 25 / 2016

Transaction ID : A2016-1736591

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Crowell, Areta, , Dr.,**

Mailing Address 995 East Green Street, #311

City

Pasadena

State

CA

Zip Code

91106-2410

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

Retired

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : A2016-1736598

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

101000.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 80

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Davis, J., , ,**

Mailing Address 185 Forest Avenue #2C

City  
Palo Alto

State  
CA

Zip Code  
94301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MBA-Nonprofit Connection

Occupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 16 / 2016

**Transaction ID : A2016-1736577**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dupuis, Mary, , ,**

Mailing Address 5600 Pioneers Boulevard, #340

City  
Lincoln

State  
NE

Zip Code  
68506-5179

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
None

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 10 / 2016

**Transaction ID : A2016-1736571**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Emmet, Lucinda, , ,**

Mailing Address 20 Cornwall Street NE

City  
Leesburg

State  
VA

Zip Code  
20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
None

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2016

**Transaction ID : A2016-1736574**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Espenscheid, Richard, , ,**

Mailing Address 12515 NW Jackson Quarry Rd

City  
Hillsboro

State  
OR

Zip Code  
97124-8004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self - Employed

Occupation (for Individual)

Information requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

08 / 02 / 2016

**Transaction ID : A2016-1736601**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fleischaker, Pam, , ,**

Mailing Address 1557 Upper Canyon Road

City  
Santa Fe

State  
NM

Zip Code  
87501-6135

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information Requested

Occupation (for Individual)  
Information requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 29 / 2016

**Transaction ID : A2016-1736599**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fogelberg, Shirley P., , ,**

Mailing Address 25135 Greenbrooke Drive

City  
Southfield

State  
MI

Zip Code  
48033-5283

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
None

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 05 / 2016

**Transaction ID : A2016-1736583**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Friedberg, Richard, , Dr.,**

Mailing Address 452 Riverside Drive, #93

City  
New York

State  
NY

Zip Code  
10027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information Requested

Occupation (for Individual)  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 16 / 2016

**Transaction ID : A2016-1736570**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Grapentine, Lori, , ,**

Mailing Address 2128 Commonwealth Ave

City  
Madison

State  
WI

Zip Code  
53726-3956

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
None

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 05 / 2016

**Transaction ID : A2016-1736618**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hanauer, Peter, , ,**

Mailing Address 95 Forest Lane

City  
Berkeley

State  
CA

Zip Code  
94708

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Nonsmokers

Occupation (for Individual)  
Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2016

**Transaction ID : A2016-1736602**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hellebrand-Blood, Nancy, , ,**

Mailing Address 708 S American Street

City  
Philadelphia

State  
PA

Zip Code  
19147-3301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information Requested

Occupation (for Individual)  
Information requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 16 / 2016

**Transaction ID : A2016-1736614**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hill, Charles, , ,**

Mailing Address 1558 Regent Drive

City  
Brentwood

State  
CA

Zip Code  
94513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information Requested

Occupation (for Individual)  
Information requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 26 / 2016

**Transaction ID : A2016-1736613**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hill, Mary, , ,**

Mailing Address 6532 Flagstaff Road

City  
Boulder

State  
CO

Zip Code  
80302-9514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University Of Kansas

Occupation (for Individual)  
Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 29 / 2016

**Transaction ID : A2016-1736617**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

16250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hoagland, Alison, , ,**

Mailing Address 350 9th Street, SE, #12

City  
Washington

State  
DC

Zip Code  
20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
None

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : A2016-1736572**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johns, Gordon, , ,**

Mailing Address 621 N Granados Avenue

City  
Solana Beach

State  
CA

Zip Code  
92075-1218

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
None

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 22 / 2016

**Transaction ID : A2016-1736610**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johns, Lucy, , Ms.,**

Mailing Address 561 Greenwich Street

City  
San Francisco

State  
CA

Zip Code  
94133-2949

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self - Employed

Occupation (for Individual)  
Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 01 / 2016

**Transaction ID : A2016-1736590**

Amount of Each Receipt this Period

750.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

51750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Katz, Vern, , ,

Mailing Address 181 W 22nd Avenue

City  
EugeneState  
ORZip Code  
97405-2813FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retiredOccupation (for Individual)  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2016

Transaction ID : A2016-1736586

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Knopper, Karen, L, MS.,

Mailing Address 255 Greenwood St

City  
BirminghamState  
MIZip Code  
48009-1339FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self - EmployedOccupation (for Individual)  
Information requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2016

Transaction ID : A2016-1736578

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Laufer, Henry, , ,

Mailing Address 1750 S Ocean Boulevard

City  
LantanaState  
FLZip Code  
33462-6222FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information RequestedOccupation (for Individual)  
Information requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2016

Transaction ID : A2016-1736597

Amount of Each Receipt this Period

100000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

101600.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lichtenstein, Dorothy, , ,**

Mailing Address 745 Washington Street

City  
New York

State  
NY

Zip Code  
10014-2042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self - Employed

Occupation (for Individual)

Information requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900000.00

Date of Receipt

08 / 26 / 2016

**Transaction ID : A2016-1736588**

Amount of Each Receipt this Period

400000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moody, Meredith, , ,**

Mailing Address 241 Sunnybrook Farm Road

City  
Narragansett

State  
RI

Zip Code  
02882

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information Requested

Occupation (for Individual)  
Information requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 25 / 2016

**Transaction ID : A2016-1736603**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Peet, Margot, , ,**

Mailing Address 3100 Hawthorne St, NW

City  
Washington

State  
DC

Zip Code  
20008-3539

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mitre Corp

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 11 / 2016

**Transaction ID : A2016-1736605**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

402000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pettingill, Marie, , ,**

Mailing Address 4228 Aldrich Avenue S

City  
Minneapolis

State  
MN

Zip Code  
55409

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wells Fargo

Occupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 18 / 2016

**Transaction ID : A2016-1736584**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rosenblum, Paul, , ,**

Mailing Address 2424 Edenborn Avenue, #260

City  
Metairie

State  
LA

Zip Code  
70001-6472

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information Requested

Occupation (for Individual)  
Information requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 09 / 2016

**Transaction ID : A2016-1736620**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Savin, Nathan, , ,**

Mailing Address 735 George Street

City  
Iowa City

State  
IA

Zip Code  
52246-5006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retired

Occupation (for Individual)  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 01 / 2016

**Transaction ID : A2016-1736585**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Schwartz, Yael, , ,**

Mailing Address 1206 Powhattan Avenue

City

San Francisco

State

CA

Zip Code

94110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SAN FRANCISCO SCHOL.SYSTM

Occupation (for Individual)

Librarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 01 / 2016

**Transaction ID : A2016-1736600**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vaughan, Peter, , ,**

Mailing Address 1976 Sheridan Avenue, S

City

Minneapolis

State

MN

Zip Code

55405

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Woodlake Medical Cli

Occupation (for Individual)

Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 08 / 2016

**Transaction ID : A2016-1736575**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Weber, Michael, , ,**

Mailing Address 3 East 71st Street, #2B

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Littler Mendelson

Occupation (for Individual)

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

08 / 02 / 2016

**Transaction ID : A2016-1736609**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 80

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wells, Walter, G, Mr.,

Mailing Address 3152 Gracefield Road #401

City  
Silver Spring

State  
MD

Zip Code  
20904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
None

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2016

Transaction ID : A2016-1736569

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
/ / /

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
/ / /

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

794550.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Campaign Communication/Stones Phone**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Mailing Address 41-750 Rancho Las Palmas Dr #E-3

City  
Rancho MirageState  
CAZip Code  
92270Purpose of Disbursement  
Research Services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

FEC Identification Number

C

Transaction ID : B626934

Amount of Each Disbursement this Period

5463.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stott Development Solutions Group, Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2016

Mailing Address 3605 Wilshire Ave

City  
San MateoState  
CAZip Code  
94403Purpose of Disbursement  
Fundraising Consultant

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

FEC Identification Number

C

Transaction ID : B626764

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Catalist LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Mailing Address 1090 Vermont Ave./Ste. 300

City  
WashingtonState  
DCZip Code  
20006Purpose of Disbursement  
Database Services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

FEC Identification Number

C

Transaction ID : B626751

Amount of Each Disbursement this Period

6300.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

21763.25

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Analyst Institute LLC**

Mailing Address 815 16th Street, NW

City  
WashingtonState  
DCZip Code  
20006Purpose of Disbursement  
Research Services

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	1	6		

FEC Identification Number

C

Transaction ID : B626765

Amount of Each Disbursement this Period

7694.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Analyst Institute LLC**

Mailing Address 815 16th Street, NW

City  
WashingtonState  
DCZip Code  
20006Purpose of Disbursement  
Reimbursement for Travel Expenses

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : B626767

Amount of Each Disbursement this Period

2428.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Catalist LLC**

Mailing Address 1090 Vermont Ave./Ste. 300

City  
WashingtonState  
DCZip Code  
20006Purpose of Disbursement  
Database Services

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : B626754

Amount of Each Disbursement this Period

187.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

10310.05

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Catalyst LLC**

Mailing Address 1090 Vermont Ave./Ste. 300

City  
WashingtonState  
DCZip Code  
20006Purpose of Disbursement  
Database Services

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				2	5					2	0	1	6

FEC Identification Number

C

**Transaction ID : B626757**

Amount of Each Disbursement this Period

4826.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. O'Brien Garrett (formerly known as OMP Inc.)**

Mailing Address 1133 19th St. NW #300

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Advance payment for fundraising mailer

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				3	0					2	0	1	6

FEC Identification Number

C

**Transaction ID : B626776**

Amount of Each Disbursement this Period

8109.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Community Outreach Group LLC**

Mailing Address 1110 Vermont Ave N.W. #300

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Prepayment for future IEs.

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				3	1					2	0	1	6

FEC Identification Number

C

**Transaction ID : B626875**

Amount of Each Disbursement this Period

1019357.83

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1032293.39

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Project New America**

Mailing Address 191 University Blvd #831

City  
DenverState  
COZip Code  
80206Purpose of Disbursement  
Research Services

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	6			2	0	1	6		

FEC Identification Number

C

**Transaction ID : B626763**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Civis**

Mailing Address PO Box 4042

City  
ChicagoState  
ILZip Code  
60654Purpose of Disbursement  
Database Services

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	4			2	0	1	6		

FEC Identification Number

C

**Transaction ID : B626759**

Amount of Each Disbursement this Period

1924.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rath, Young and Pignatelli**

Mailing Address One Capital Plaza

City  
ConcordState  
MAZip Code  
03302Purpose of Disbursement  
Legal Consulting

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	2			2	0	1	6		

FEC Identification Number

C

**Transaction ID : B626773**

Amount of Each Disbursement this Period

617.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7541.50



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Planned Parenthood Action Fund Inc.**

Mailing Address 123 William St, 10th Floor

City  
New YorkState  
NYZip Code  
10038Purpose of Disbursement  
Reimbursement for Program Staff time

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : B626740

Amount of Each Disbursement this Period

95969.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Action Fund Inc.**

Mailing Address 123 William St, 10th Floor

City  
New YorkState  
NYZip Code  
10038Purpose of Disbursement  
Reimbursement for Event Space Rental

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : B626743

Amount of Each Disbursement this Period

44622.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Planned Parenthood Action Fund Inc.**

Mailing Address 123 William St, 10th Floor

City  
New YorkState  
NYZip Code  
10038Purpose of Disbursement  
Reimbursement for Program Staff time

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : B626744

Amount of Each Disbursement this Period

254091.12

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

394682.34

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Planned Parenthood Action Fund Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2016

Mailing Address 123 William St, 10th Floor

City  
New YorkState  
NYZip Code  
10038Purpose of Disbursement  
Reimbursement for Database Services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

FEC Identification Number

C

Transaction ID : B626746

Amount of Each Disbursement this Period

1760.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. R.A. Palmer Products Co. Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2016

Mailing Address 2808 Broadway Blvd.

City  
MonroevilleState  
PAZip Code  
15146Purpose of Disbursement  
Promotional Materials

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

FEC Identification Number

C

Transaction ID : B626779

Amount of Each Disbursement this Period

547.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Blackbaud Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Mailing Address 2000 Daniel Island Drive

City  
CharlestonState  
SCZip Code  
29492Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

FEC Identification Number

C

Transaction ID : B626800

Amount of Each Disbursement this Period

909.82

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3216.87

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Blackbaud Inc.**

Mailing Address 2000 Daniel Island Drive

City  
CharlestonState  
SCZip Code  
29492Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : B626802

Amount of Each Disbursement this Period

130.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Blackbaud Inc.**

Mailing Address 2000 Daniel Island Drive

City  
CharlestonState  
SCZip Code  
29492Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : B626804

Amount of Each Disbursement this Period

389.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address P.O. Box 27025

City  
RichmondState  
VAZip Code  
23261Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : B626735

Amount of Each Disbursement this Period

1604.56

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2	1	2	4	.	6	8
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Planned Parenthood Votes NW and Hawaii**

Mailing Address PO Box 21544

City  
SeattleState  
WAZip Code  
98111Purpose of Disbursement  
Reimbursement for Travel Expenses

002

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	0				2	0	1	6

FEC Identification Number

C

Transaction ID : B626760

Amount of Each Disbursement this Period

124.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Precision Strategies**

Mailing Address 1121 14th Street NW, Suite 700

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Database Services

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	7				2	0	1	6

FEC Identification Number

C

Transaction ID : B627068

Amount of Each Disbursement this Period

2025.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Planned Parenthood Action Fund Inc.**

Mailing Address 123 William St, 10th Floor

City  
New YorkState  
NYZip Code  
10038Purpose of Disbursement  
In-Kind: Program Staff Time

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				3	1				2	0	1	6

FEC Identification Number

C

Transaction ID : B627063

Amount of Each Disbursement this Period

-1600.62

☐ Memo ItemDrawdown on advance to PPAF  
originally reported on 2016 M5  
report. See line 29**SUBTOTAL** of Disbursements This Page (optional)..... ▶

548.95

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Florida Alliance of Planned Parenthood Affiliates**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08		05		2016

Mailing Address 122 S Calhoun St

City  
TallahasseeState  
FLZip Code  
32301Purpose of Disbursement  
Consultant: Messaging and Strategy

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : B626894

Amount of Each Disbursement this Period

7647.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. O'Brien Garrett (formerly known as OMP Inc.)**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
06		22		2016

Mailing Address 1133 19th St. NW #300

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Full payment for printing of fundraising mailer (B620244) rpted on M7. See  
Schedule D

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Not Applicable

State: District:

FEC Identification Number

C

Transaction ID : B620244

Amount of Each Disbursement this Period

19042.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

26689.55

1499170.58

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 80

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Michigan Planned Parenthood Votes**

Mailing Address 115 W Allegan Ste. 500

City  
LansingState  
MIZip Code  
48933Purpose of Disbursement  
Contribution

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	8			2	0	1	6		

FEC Identification Number

C C00568931

Transaction ID : B626722

Amount of Each Disbursement this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Advocates of Wisconsin Inc.**

Mailing Address 111 King St.#23

City  
MadisonState  
WIZip Code  
53701Purpose of Disbursement  
Contribution

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	4			2	0	1	6		

FEC Identification Number

C C90008673

Transaction ID : B626720

Amount of Each Disbursement this Period

180000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

280000.00

**TOTAL** This Period (last page this line number only)..... ►

280000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 80

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Women's Voices Women Vote**

Mailing Address 1707 L St. NW/St. 300

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Contribution for non-candidate specific GOTV mail

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2016

FEC Identification Number

C

Transaction ID : B626729

Amount of Each Disbursement this Period

45557.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Voters of Iowa PAC**

Mailing Address 1171 7th St

City  
Des MoinesState  
IAZip Code  
50322Purpose of Disbursement  
Contribution to Non-federal State Committee in IA

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2016

FEC Identification Number

C

Transaction ID : B626731

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Planned Parenthood Advocates of MT**

Mailing Address 2525 Fourth Avenue North Suite 201

City  
BillingsState  
MTZip Code  
59101Purpose of Disbursement  
Contribution to non-federal state committee in MT

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2016

FEC Identification Number

C

Transaction ID : B626725

Amount of Each Disbursement this Period

200000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

270557.67

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 80

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Planned Parenthood New Hampshire Action Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		05		2016

Mailing Address 18 Low Avenue

FEC Identification Number

**C****Transaction ID : B626723**

Amount of Each Disbursement this Period

83500.00

☐ Memo ItemCity  
ConcordState  
NHZip Code  
03301Purpose of Disbursement  
Contribution to non-federal state committee in NH

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State: District:

Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Texas Votes PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		25		2016

Mailing Address 201 E Ben White Blvd., Bldg B, Sui

FEC Identification Number

**C****Transaction ID : B626726**

Amount of Each Disbursement this Period

50000.00

☐ Memo ItemCity  
AustinState  
TXZip Code  
78704Purpose of Disbursement  
Contribution to non-federal state committee in TX

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State: District:

Full Name (Last, First, Middle Initial)

**C. Planned Parenthood Advocates of WI Political Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		17		2016

Mailing Address 302 N Jackson St

FEC Identification Number

**C****Transaction ID : B626724**

Amount of Each Disbursement this Period

80000.00

☐ Memo ItemCity  
MilwaukeeState  
WIZip Code  
53202Purpose of Disbursement  
Contribution to non-federal state committee in WI

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

213500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 80

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Planned Parenthood Advocates of MT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2016

Mailing Address 2525 Fourth Avenue North Suite 201

City  
BillingsState  
MTZip Code  
59101Purpose of Disbursement  
In-Kind: Program Staff Time

011

Category/  
Type

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Not Applicable

FEC Identification Number

C

Transaction ID : B627059

Amount of Each Disbursement this Period

1600.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1600.62

485658.29

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 34 OF 80

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MackCrounse Group

Nature of Debt (Purpose):

Canvass literature

Mailing Address 2001 N. Beauregard St. Ste 420

City

Alexandria

State

VA

Zip Code

22311

Outstanding Balance Beginning This Period

3950.00

Transaction ID : D439020

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3950.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

76 Words

Nature of Debt (Purpose):

Production of online advertisements.

Mailing Address 1806 Vernon St, NW #100

City

Washington

State

DC

Zip Code

20009

Outstanding Balance Beginning This Period

2050.00

Transaction ID : D439021

Amount Incurred This Period

0.00

Payment This Period

2050.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SKDKnickerbocker LLC

Nature of Debt (Purpose):

Production Fees: Television Advertisement

Mailing Address 1150 18th Street NW/Ste. 800

City

Washington

State

DC

Zip Code

20036

Outstanding Balance Beginning This Period

26794.22

Transaction ID : D439027

Amount Incurred This Period

0.00

Payment This Period

21794.22

Outstanding Balance at Close of This Period

5000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

8950.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 35 OF 80

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

O'Brien Garrett (formerly known as OMP Inc.)

Nature of Debt (Purpose):

Printing of IE mail piece and fundraising  
mailer. See schedule E

Mailing Address 1133 19th St. NW #300

City

Washington

State

DC

Zip Code

20036

Outstanding Balance Beginning This Period

23788.68

Transaction ID : D439029

Amount Incurred This Period

8109.31

Payment This Period

31897.99

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Itzamna Translations Company

Nature of Debt (Purpose):

Translation services. See schedule E

Mailing Address P.O. Box 1015

City

Glendale

State

AZ

Zip Code

85311

Outstanding Balance Beginning This Period

0.00

Transaction ID : D439030

Amount Incurred This Period

112.58

Payment This Period

0.00

Outstanding Balance at Close of This Period

112.58

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Drew &amp; Rogers Inc.

Nature of Debt (Purpose):

Printing and Shipping. See schedule E

Mailing Address 30 Plymouth Street

City

Fairfield

State

NJ

Zip Code

07004

Outstanding Balance Beginning This Period

7819.54

Transaction ID : D439031

Amount Incurred This Period

0.00

Payment This Period

7819.54

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

112.58

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 36 OF 80

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Alliance Marketing Distributor Inc.

Nature of Debt (Purpose):

Printing of postcards and posters See  
schedule E

Mailing Address 133 Industrial Ave.

City  
Hasbrouck HeightsState  
NJZip Code  
07604

Outstanding Balance Beginning This Period

884.58

Transaction ID : D439032

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

884.58

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Network Solutions

Nature of Debt (Purpose):

Purchase of domain name. See schedule E

Mailing Address 13861 Sunrise Valley Dr. #300

City  
HerndonState  
VAZip Code  
20171

Outstanding Balance Beginning This Period

15.99

Transaction ID : D439033

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15.99

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Outreach Group LLC

Nature of Debt (Purpose):

Canvassing, Visibility Events. See schedule E

Mailing Address 1110 Vermont Ave. NW #300

City  
WashingtonState  
DCZip Code  
20005

Outstanding Balance Beginning This Period

246004.52

Transaction ID : D439034

Amount Incurred This Period

0.00

Payment This Period

246004.52

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

900.57

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 37 OF 80

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Action Fund Inc.

Nature of Debt (Purpose):

Event tickets, staff time, video footage. See schedule E

Mailing Address 123 William St. 10th Flr

City

New York

State

NY

Zip Code

10038

Outstanding Balance Beginning This Period

5629.44

Transaction ID : D439035

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5629.44

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Moxie Media Inc.

Nature of Debt (Purpose):

Postcards. See schedule E

Mailing Address 2021 Minor Ave. East

City

Seattle

State

WA

Zip Code

99102

Outstanding Balance Beginning This Period

2500.00

Transaction ID : D439036

Amount Incurred This Period

0.00

Payment This Period

2500.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Advocates of Ohio

Nature of Debt (Purpose):

Canvassing. See schedule E

Mailing Address 206 E. State Street

City

Columbus

State

OH

Zip Code

43215

Outstanding Balance Beginning This Period

18917.37

Transaction ID : D439037

Amount Incurred This Period

59414.21

Payment This Period

0.00

Outstanding Balance at Close of This Period

78331.58

1) **SUBTOTALS** This Period This Page (optional)..... ►

83961.02

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 38 OF 80

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Rocky Mountains Action Fund

Nature of Debt (Purpose):  
Events. See schedule E

Mailing Address 7155 E. 38th Avenue

City  
DenverState  
COZip Code  
80207

Outstanding Balance Beginning This Period

0.00

Transaction ID : D439038

Amount Incurred This Period

12411.10

Payment This Period

0.00

Outstanding Balance at Close of This Period

12411.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Latino Decisions

Nature of Debt (Purpose):  
Polling. See schedule E

Mailing Address 15 South Grady Way, Suite 620

City  
SeattleState  
WAZip Code  
98057

Outstanding Balance Beginning This Period

0.00

Transaction ID : D439039

Amount Incurred This Period

55300.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

55300.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Pennsylvania Advocates

Nature of Debt (Purpose):  
Phone calls, events, Consultant: strategy and  
messaging, canvassing. See schedule E

Mailing Address 1514 North 2nd Street

City  
HarrisburgState  
PAZip Code  
17102

Outstanding Balance Beginning This Period

0.00

Transaction ID : D439040

Amount Incurred This Period

25000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25000.00

1) SUBTOTALS This Period This Page (optional)..... ►

92711.10

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 39 OF 80

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Terris Barnes &amp; Walters

Nature of Debt (Purpose):

Canvass Lit-Estimated costs. See Schedule E

Mailing Address 400 Montgomery St # 700

City

San Francisco

State

CA

Zip Code

94104

Outstanding Balance Beginning This Period

.00

Transaction ID : D439041

Amount Incurred This Period

1732.67

Payment This Period

0.00

Outstanding Balance at Close of This Period

1732.67

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

1732.67

2) **TOTALS** This Period (last page this line number only)..... ►

188367.94

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

188367.94

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 40 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Community Outreach Group LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1110 Vermont Ave N.W. #300			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 02 / 2016		
City Washington		State DC	Zip Code 20005		
Purpose of Expenditure Canvassing		Category/Type 004		Amount 70369.08	
Name of Federal Candidate: Portman, Rob, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Community Outreach Group LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1110 Vermont Ave N.W. #300			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 02 / 2016		
City Washington		State DC	Zip Code 20005		
Purpose of Expenditure Canvassing		Category/Type 004		Amount 70369.08	
Name of Federal Candidate: Strickland, Ted, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;">140738.16</span>					
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;"></span>					
<b>(a) TOTAL</b> Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;"></span>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hubbard, Tshombe, , ,</u>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 31 / 2017		

[Electronically Filed]



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 41 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Community Outreach Group LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1110 Vermont Ave N.W. #300			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 02 / 2016		
City Washington		State DC	Zip Code 20005		
Purpose of Expenditure Canvassing		Category/Type 004		Amount 70369.08	
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Community Outreach Group LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1110 Vermont Ave N.W. #300			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 02 / 2016		
City Washington		State DC	Zip Code 20005		
Purpose of Expenditure Canvassing		Category/Type 004		Amount 70369.08	
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶ 140738.16					
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					
<b>(a) TOTAL</b> Independent Expenditures ..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hubbard, Tshombe, , ,</u>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2017		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 42 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>				
Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Planned Parenthood Advocates of Ohio</b> MEMO			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 02 / 2016	
Mailing Address 206 E State St.			Amount <span style="border: 1px solid black; padding: 2px;">8912.13</span>	
City Columbus	State OH	Zip Code 43215	<b>Transaction ID : B621425</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 02 / 2016	
Purpose of Expenditure Canvassing. See Schedule D		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: Clinton, Hillary, , ,			Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">211584.14</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Planned Parenthood Advocates of Ohio</b> MEMO			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 02 / 2016	
Mailing Address 206 E State St.			Amount <span style="border: 1px solid black; padding: 2px;">8912.13</span>	
City Columbus	State OH	Zip Code 43215	<b>Transaction ID : B621426</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 02 / 2016	
Purpose of Expenditure Canvassing. See Schedule D		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: Trump, Donald, , ,			Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">134329.75</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;">0.00</span>	
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>	
<b>(a) TOTAL</b> Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Hubbard, Tshombe, , ,</u>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 31 / 2017	

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 43 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Planned Parenthood Advocates of Ohio</b> MEMO			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address 206 E State St.			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>8912.13</span> </div>	
City Columbus	State OH	Zip Code 43215		
Purpose of Expenditure Canvassing. See Schedule D		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : <b>B621427</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Name of Federal Candidate: Strickland, Ted, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">239493.69</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Planned Parenthood Advocates of Ohio</b> MEMO			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address 206 E State St.			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>8912.13</span> </div>	
City Columbus	State OH	Zip Code 43215		
Purpose of Expenditure Canvassing. See Schedule D		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : <b>B621428</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Name of Federal Candidate: Portman, Rob, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">243957.69</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(a) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

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Date

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01

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2017

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 44 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

  

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Planned Parenthood Advocates of Ohio</b> MEMO			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 02 / 2016	
Mailing Address 206 E State St.			Amount <span style="border: 1px solid black; padding: 2px;">4456.07</span> <b>Transaction ID : B621429</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 02 / 2016	
City Columbus	State OH	Zip Code 43215		
Purpose of Expenditure Phone calls. See Schedule D		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: Portman, Rob, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: OH <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">243957.69</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

  

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Planned Parenthood Advocates of Ohio</b> MEMO			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 02 / 2016	
Mailing Address 206 E State St.			Amount <span style="border: 1px solid black; padding: 2px;">4456.07</span> <b>Transaction ID : B621430</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 02 / 2016	
City Columbus	State OH	Zip Code 43215		
Purpose of Expenditure Phone calls. See Schedule D		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: Strickland, Ted, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: OH <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">239493.69</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

  

(a) SUBTOTAL of Itemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(a) TOTAL Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Hubbard, Tshombe, , , [Electronically Filed]
Date MM / DD / YYYY  
01 / 31 / 2017

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 45 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Planned Parenthood Advocates of Ohio</b> MEMO			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 02 / 2016		
Mailing Address 206 E State St.			Amount <span style="border: 1px solid black; padding: 2px;">4456.07</span>		
City Columbus	State OH	Zip Code 43215	Transaction ID : <b>B621431</b>		
Purpose of Expenditure Phone calls. See Schedule D		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 02 / 2016		
Name of Federal Candidate: Trump, Donald, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">134329.75</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Planned Parenthood Advocates of Ohio</b> MEMO			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 02 / 2016		
Mailing Address 206 E State St.			Amount <span style="border: 1px solid black; padding: 2px;">4456.07</span>		
City Columbus	State OH	Zip Code 43215	Transaction ID : <b>B621432</b>		
Purpose of Expenditure Phone calls. See Schedule D		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 02 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">211584.14</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">0.00</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Hubbard, Tshombe, , , Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 31 / 2017		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 46 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>Planned Parenthood Advocates of Ohio</b> MEMO			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 206 E State St.			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 02 / 2016		
City Columbus	State OH	Zip Code 43215	Amount <span style="border: 1px solid black; padding: 2px;">5941.41</span>		
Purpose of Expenditure Events. See Schedule D		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>B621444</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 02 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">211584.14</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Planned Parenthood Rocky Mountains Action Fund</b> MEMO			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 7155 E. 38th Avenue			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 03 / 2016		
City Denver	State CO	Zip Code 80207	Amount <span style="border: 1px solid black; padding: 2px;">2792.50</span>		
Purpose of Expenditure Phone calls. See Schedule D		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>B621446</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 03 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">297682.56</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">0.00</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hubbard, Tshombe, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 31 / 2017		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 48 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 300px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>				
Full Name of Payee <b>Planned Parenthood Rocky Mountains Action Fund</b> MEMO			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address 7155 E. 38th Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">           2792.50         </div>	
City Denver	State CO	Zip Code 80207	<b>Transaction ID : B621449</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Purpose of Expenditure Phone calls. See Schedule D		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Name of Federal Candidate: Cortez-Masto, Catherine, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">           76102.90         </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Planned Parenthood Rocky Mountains Action Fund</b> MEMO			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address 7155 E. 38th Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">           1241.10         </div>	
City Denver	State CO	Zip Code 80207	<b>Transaction ID : B621450</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Purpose of Expenditure Events. See Schedule D		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">           297682.56         </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">           0.00         </div>	
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">           0.00         </div>	
<b>(a) TOTAL</b> Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">           0.00         </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Hubbard, Tshombe, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
[Electronically Filed]			01 / 31 / 2017	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 49 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Community Outreach Group LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address <b>1110 Vermont Ave N.W. #300</b>				
City Washington	State DC	Zip Code 20005	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>25250.72</span> </div>	
Purpose of Expenditure Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Transaction ID : <b>B621437</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">17</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Name of Federal Candidate: Clinton, Hillary, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>297682.56</span> </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Community Outreach Group LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address <b>1110 Vermont Ave N.W. #300</b>				
City Washington	State DC	Zip Code 20005	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>31563.40</span> </div>	
Purpose of Expenditure Phone Calls		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Transaction ID : <b>B621439</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">17</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Name of Federal Candidate: Clinton, Hillary, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>297682.56</span> </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	56814.12
(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(a) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

[Electronically Filed]

Date

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2017

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 50 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Community Outreach Group LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>1110 Vermont Ave N.W. #300</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 03 / 2016		
City <b>Washington</b>		State <b>DC</b>		Zip Code <b>20005</b>	
Purpose of Expenditure Phone calls			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Amount <b>31563.40</b>			Transaction ID : <b>B621440</b>		
Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 17 / 2016					
Name of Federal Candidate: Trump, Donald, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President				District: _____ State: <b>US</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">193936.37</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Community Outreach Group LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>1110 Vermont Ave N.W. #300</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 03 / 2016		
City <b>Washington</b>		State <b>DC</b>		Zip Code <b>20005</b>	
Purpose of Expenditure Phone calls			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Amount <b>31563.40</b>			Transaction ID : <b>B621441</b>		
Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 17 / 2016					
Name of Federal Candidate: Cortez-Masto, Catherine, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate				District: _____ State: <b>NV</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">76102.90</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">63126.80</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hubbard, Tshombe, , ,</u>				Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2017	
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 51 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Community Outreach Group LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>1110 Vermont Ave N.W. #300</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 03 / 2016		
City Washington	State DC	Zip Code 20005	Amount <span style="border: 1px solid black; padding: 2px;">31563.40</span>		
Purpose of Expenditure Phone calls		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>B621442</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 17 / 2016		
Name of Federal Candidate: Heck, Joseph, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">124329.05</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Community Outreach Group LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>1110 Vermont Ave N.W. #300</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 03 / 2016		
City Washington	State DC	Zip Code 20005	Amount <span style="border: 1px solid black; padding: 2px;">25250.70</span>		
Purpose of Expenditure Events		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>B621443</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 17 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <b>US</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">297682.56</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">56814.10</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hubbard, Tshombe, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 31 / 2017		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 52 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>Community Outreach Group LLC</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1110 Vermont Ave N.W. #300			Amount <input type="text"/>		
City Washington	State DC	Zip Code 20005	Transaction ID : <b>B621434</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure Canvassing		Category/ Type <input type="text"/> 004	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate: Heck, Joseph, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <input type="text"/> State: <input type="text"/> NV		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 124329.05			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>Community Outreach Group LLC</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1110 Vermont Ave N.W. #300			Amount <input type="text"/>		
City Washington	State DC	Zip Code 20005	Transaction ID : <b>B621435</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure Canvassing		Category/ Type <input type="text"/> 004	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate: Cortez-Masto, Catherine, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <input type="text"/> State: <input type="text"/> NV		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 76102.90			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 50501.44
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
<b>(a) TOTAL</b> Independent Expenditures .....	<input type="text"/>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Hubbard, Tshombe, , , [Electronically Filed]

Date  /  /

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 53 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799         </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Community Outreach Group LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address <b>1110 Vermont Ave N.W. #300</b>				
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005</b>	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>25250.72</span> </div>	
Purpose of Expenditure <b>Canvassing</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<b>Transaction ID : B621436</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">17</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Name of Federal Candidate: <b>Trump, Donald, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">193936.37</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Latino Decisions</b> <b>MEMO</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">04</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address <b>15 South Grady Way, Suite 620</b>				
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98057</b>	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>14050.00</span> </div>	
Purpose of Expenditure <b>Polling. See Schedule D</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<b>Transaction ID : B621451</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">04</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Name of Federal Candidate: <b>Clinton, Hillary, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">311732.56</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	25250.72
(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(a) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

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2017

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 54 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Latino Decisions</b> MEMO			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 04 / 2016
Mailing Address 15 South Grady Way, Suite 620			Amount <span style="border: 1px solid black; padding: 2px;">14050.00</span> <b>Transaction ID : B621452</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 04 / 2016		
City State Zip Code Seattle WA 98057					
Purpose of Expenditure Polling. See Schedule D					
Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>					
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">207986.37</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Community Outreach Group LLC</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 27 / 2016
Mailing Address 1110 Vermont Ave N.W. #300			Amount <span style="border: 1px solid black; padding: 2px;">56501.13</span> <b>Transaction ID : B621019</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 05 / 2016		
City State Zip Code Washington DC 20005					
Purpose of Expenditure Full payment of transaction B621019 originally reported on 2016 FEC M8 report. See Schedule D					
Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>					
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">266399.36</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div> <p>(a) SUBTOTAL of Itemized Independent Expenditures .....</p> <p>(a) SUBTOTAL of Unitemized Independent Expenditures .....</p> <p>(a) TOTAL Independent Expenditures .....</p> </div> <div style="text-align: right;"> <span style="border: 1px solid black; padding: 2px;">56501.13</span>  <span style="border: 1px solid black; padding: 2px;"></span>  <span style="border: 1px solid black; padding: 2px;"></span> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hubbard, Tshombe, , ,</u>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2017		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>Community Outreach Group LLC</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1110 Vermont Ave N.W. #300			<input type="text"/> / <input type="text"/> / <input type="text"/>	
City Washington	State DC	Zip Code 20005	Amount <input type="text"/>	
Purpose of Expenditure Full payment of transaction B621020 originally reported on 2016 FEC M8 report. See Schedule D			Transaction ID : <b>B621020</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> US	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 372195.56			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>Community Outreach Group LLC</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1110 Vermont Ave N.W. #300			<input type="text"/> / <input type="text"/> / <input type="text"/>	
City Washington	State DC	Zip Code 20005	Amount <input type="text"/>	
Purpose of Expenditure Full payment of transaction B621021 originally reported on 2016 FEC M8 report. See Schedule D			Transaction ID : <b>B621021</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: Strickland, Ted, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> OH	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 295994.82			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

  

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <input type="text"/> 113002.26
(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶ <input type="text"/>
(a) TOTAL Independent Expenditures .....	▶ <input type="text"/>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Hubbard, Tshombe, , , [Electronically Filed]

Date  /  /

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Community Outreach Group LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 27 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount <span style="border: 1px solid black; padding: 2px;">56501.13</span>		
City Washington	State DC	Zip Code 20005	Transaction ID : <b>B621022</b>		
Purpose of Expenditure Full payment of transaction B621022 originally reported on 2016 FEC M8 report. See Schedule D		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 05 / 2016		
Name of Federal Candidate: Portman, Rob, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">300458.82</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>76 Words</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 27 / 2016		
Mailing Address 1806 Vernon St, NW #100			Amount <span style="border: 1px solid black; padding: 2px;">2050.00</span>		
City Washington	State DC	Zip Code 20009	Transaction ID : <b>B621103</b>		
Purpose of Expenditure Full payment of transaction B621103 originally reported on 2016 FEC M8 report. See Schedule D		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 05 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">372195.56</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">58551.13</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Hubbard, Tshombe, , ,</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 31 / 2017	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 57 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Planned Parenthood Pennsylvania Advocates</b> MEMO <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 09 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <span style="border: 1px solid black; padding: 2px;">1562.50</span>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : <b>B622008</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 09 / 2016	
Purpose of Expenditure Canvassing. See Schedule D		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: Clinton, Hillary, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">465945.56</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Planned Parenthood Pennsylvania Advocates</b> MEMO <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 09 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <span style="border: 1px solid black; padding: 2px;">1562.50</span>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : <b>B622009</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 09 / 2016	
Purpose of Expenditure Consultant: strategy and messaging. See Schedule D		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: Clinton, Hillary, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">465945.56</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">0.00</span>	
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Hubbard, Tshombe, , ,</i>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2017	
[Electronically Filed]				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 58 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Planned Parenthood Pennsylvania Advocates</b> MEMO			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 09 / 2016
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <span style="border: 1px solid black; padding: 2px;">1562.50</span>		Transaction ID : <b>B622010</b>
City Harrisburg		State PA	Zip Code 17102	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 09 / 2016	
Purpose of Expenditure Consultant: strategy and messaging. See Schedule D			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">360149.36</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Planned Parenthood Pennsylvania Advocates</b> MEMO			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 09 / 2016
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <span style="border: 1px solid black; padding: 2px;">1562.50</span>		Transaction ID : <b>B622011</b>
City Harrisburg		State PA	Zip Code 17102	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 09 / 2016	
Purpose of Expenditure Phone calls. See Schedule D			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">360149.36</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">0.00</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Hubbard, Tshombe, , ,</i>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2017		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 59 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 300px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>				
Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Planned Parenthood Pennsylvania Advocates</b> MEMO			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1562.50</div>	
City Harrisburg	State PA	Zip Code 17102	<b>Transaction ID : B622012</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Purpose of Expenditure Canvassing. See Schedule D		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Name of Federal Candidate: Trump, Donald, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">360149.36</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Planned Parenthood Pennsylvania Advocates</b> MEMO			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1562.50</div>	
City Harrisburg	State PA	Zip Code 17102	<b>Transaction ID : B622013</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Purpose of Expenditure Events. See Schedule D		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Name of Federal Candidate: Trump, Donald, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">360149.36</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">0.00</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <b>(a) TOTAL</b> Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> </div> </div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Hubbard, Tshombe, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
[Electronically Filed]			01 / 31 / 2017	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Community Outreach Group LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 09 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount <span style="border: 1px solid black; padding: 2px;">87500.00</span>		
City Washington		State DC	Zip Code 20005		Transaction ID : <b>B621994</b>
Purpose of Expenditure Canvassing		Category/Type 004		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 26 / 2016	
Name of Federal Candidate: Trump, Donald, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Community Outreach Group LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 09 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount <span style="border: 1px solid black; padding: 2px;">87500.00</span>		
City Washington		State DC	Zip Code 20005		Transaction ID : <b>B621995</b>
Purpose of Expenditure Canvassing		Category/Type 004		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 26 / 2016	
Name of Federal Candidate: Clinton, Hillary, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">175000.00</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Hubbard, Tshombe, , ,</i>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 31 / 2017		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 61 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Community Outreach Group LLC</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 09 / 2016	
Mailing Address    1110 Vermont Ave N.W. #300				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">87500.00</div>	
City Washington		State DC		Zip Code 20005	
Purpose of Expenditure Canvassing				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: Toomey, Pat, , ,				Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: PA	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">365950.62</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Community Outreach Group LLC</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 09 / 2016	
Mailing Address    1110 Vermont Ave N.W. #300				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">87500.00</div>	
City Washington		State DC		Zip Code 20005	
Purpose of Expenditure Canvassing				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: McGinty, Katie, , ,				Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: PA	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">93750.00</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">175000.00</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <b>(a) TOTAL</b> Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hubbard, Tshombe, , ,</u>				Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 31 / 2017	

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799
--	---

 Check if ☐ 24-hour report ☐ 48-hour report

New report

Amends report filed on

 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2016

 Full Name of Payee ☒ Memo Item  
**Planned Parenthood Pennsylvania Advocates**  
 MEMO

Date of Public Distribution/Dissemination

 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2016

Mailing Address 1514 North 2nd Street, Harrisburg,

Amount

1562.50

City Harrisburg	State PA	Zip Code 17102
--------------------	-------------	-------------------

Transaction ID : B621998

Date of Disbursement or Obligation

 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2016
Purpose of Expenditure  
Events. See Schedule DCategory/  
Type 004

Name of Federal Candidate:

Toomey, Pat, , ,

☐ Support☒ Oppose

Office Sought:

☐ House

District: \_\_\_\_\_

☐ President☒ Senate

State: PA

 Calendar Year-To-Date  
 Per Election for Office Sought

365950.62

 Disbursement For: ☐ Primary ☒ General  
 2016 ☐ Other (specify) ►

 Full Name of Payee ☒ Memo Item  
**Planned Parenthood Pennsylvania Advocates**  
 MEMO

Date of Public Distribution/Dissemination

 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2016

Mailing Address 1514 North 2nd Street, Harrisburg,

Amount

1562.50

City Harrisburg	State PA	Zip Code 17102
--------------------	-------------	-------------------

Transaction ID : B621999

Date of Disbursement or Obligation

 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2016
Purpose of Expenditure  
Canvassing. See Schedule DCategory/  
Type 004

Name of Federal Candidate:

Toomey, Pat, , ,

☐ Support☒ Oppose

Office Sought:

☐ House

District: \_\_\_\_\_

☐ President☒ Senate

State: PA

 Calendar Year-To-Date  
 Per Election for Office Sought

365950.62

 Disbursement For: ☐ Primary ☒ General  
 2016 ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures .....

0.00

(a) SUBTOTAL of Unitemized Independent Expenditures .....

(a) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2017

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 63 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 300px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>					
Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Planned Parenthood Pennsylvania Advocates</b> MEMO				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1562.50</div>	
City Harrisburg		State PA		Zip Code 17102	
Purpose of Expenditure Phone calls. See Schedule D				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Toomey, Pat, , ,				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">365950.62</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Planned Parenthood Pennsylvania Advocates</b> MEMO				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1562.50</div>	
City Harrisburg		State PA		Zip Code 17102	
Purpose of Expenditure Consultant: strategy and messaging. See Schedule D				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Toomey, Pat, , ,				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">365950.62</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">0.00</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a) TOTAL</b> Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hubbard, Tshombe, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
[Electronically Filed]				Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">01</div> / <div style="border: 1px solid black; padding: 2px;">31</div> / <div style="border: 1px solid black; padding: 2px;">2017</div></div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 64 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Planned Parenthood Pennsylvania Advocates</b> MEMO			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 09 / 2016		
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <span style="border: 1px solid black; padding: 2px;">1562.50</span>		
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B622002		
Purpose of Expenditure Consultant: strategy and messaging. See Schedule D		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 09 / 2016		
Name of Federal Candidate: McGinty, Katie, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">93750.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Planned Parenthood Pennsylvania Advocates</b> MEMO			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 09 / 2016		
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <span style="border: 1px solid black; padding: 2px;">1562.50</span>		
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B622003		
Purpose of Expenditure Phone calls. See Schedule D		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 09 / 2016		
Name of Federal Candidate: McGinty, Katie, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">93750.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">0.00</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Hubbard, Tshombe, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2017	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 65 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> </div>	

  

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Planned Parenthood Pennsylvania Advocates</b> MEMO		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div style="display: flex; justify-content: space-between;"> <div><div>08</div><div>09</div><div>2016</div></div> </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>1</div><div>5</div><div>6</div><div>2</div><div>5</div><div>0</div></div> <div><div>50</div></div> </div> </div>	
City Harrisburg	State PA	Zip Code 17102	<b>Transaction ID : B622004</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div style="display: flex; justify-content: space-between;"> <div><div>08</div><div>09</div><div>2016</div></div> </div>
Purpose of Expenditure Canvassing. See Schedule D		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: McGinty, Katie, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>9</div><div>3</div><div>7</div><div>5</div><div>0</div><div>0</div></div> <div><div>00</div></div> </div> </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

  

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Planned Parenthood Pennsylvania Advocates</b> MEMO		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div style="display: flex; justify-content: space-between;"> <div><div>08</div><div>09</div><div>2016</div></div> </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>1</div><div>5</div><div>6</div><div>2</div><div>5</div><div>0</div></div> <div><div>50</div></div> </div> </div>	
City Harrisburg	State PA	Zip Code 17102	<b>Transaction ID : B622005</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div style="display: flex; justify-content: space-between;"> <div><div>08</div><div>09</div><div>2016</div></div> </div>
Purpose of Expenditure Events. See Schedule D		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: McGinty, Katie, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>9</div><div>3</div><div>7</div><div>5</div><div>0</div><div>0</div></div> <div><div>00</div></div> </div> </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div></div> <div><div>00</div></div> </div> </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div> </div><div> </div><div> </div><div> </div><div> </div><div> </div></div> <div><div> </div></div> </div> </div>
<b>(a) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> <div><div> </div><div> </div><div> </div><div> </div><div> </div><div> </div></div> <div><div> </div></div> </div> </div>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature  
 Hubbard, Tshombe, , ,

[Electronically Filed]

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2017

FEC Schedule E (Form 3X) Rev. 05/2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 66 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Planned Parenthood Pennsylvania Advocates</b> MEMO			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-around;"> <span>08</span> <span>09</span> <span>2016</span> </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1562.50</div>	
City Harrisburg	State PA	Zip Code 17102		
Purpose of Expenditure Events. See Schedule D		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : <b>B622006</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-around;"> <span>08</span> <span>09</span> <span>2016</span> </div>	
Name of Federal Candidate: <span style="float: right;"><input checked="" type="checkbox"/> Support</span> Clinton, Hillary, , , <span style="float: right;"><input type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">465945.56</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Planned Parenthood Pennsylvania Advocates</b> MEMO			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-around;"> <span>08</span> <span>09</span> <span>2016</span> </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1562.50</div>	
City Harrisburg	State PA	Zip Code 17102		
Purpose of Expenditure Phone calls. See Schedule D		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : <b>B622007</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-around;"> <span>08</span> <span>09</span> <span>2016</span> </div>	
Name of Federal Candidate: <span style="float: right;"><input checked="" type="checkbox"/> Support</span> Clinton, Hillary, , , <span style="float: right;"><input type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">465945.56</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(a) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

[Electronically Filed]

Date

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2017

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 67 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Latino Decisions</b> MEMO			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 15 South Grady Way, Suite 620			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 10 / 2016		
City Seattle		State WA	Amount <span style="border: 1px solid black; padding: 2px;">13600.00</span>		
Purpose of Expenditure Polling. See Schedule D		Zip Code 98057		Transaction ID : <b>B622314</b>	
		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 10 / 2016	
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">373749.36</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Latino Decisions</b> MEMO			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 15 South Grady Way, Suite 620			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 10 / 2016		
City Seattle		State WA	Amount <span style="border: 1px solid black; padding: 2px;">13600.00</span>		
Purpose of Expenditure Polling. See Schedule D		Zip Code 98057		Transaction ID : <b>B622315</b>	
		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 10 / 2016	
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">479545.56</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">0.00</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hubbard, Tshombe, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2017		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 68 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>GMMB</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3050 K Street, NW/Suite 300			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 15 / 2016		
City Washington		State DC	Zip Code 20007		Amount <span style="border: 1px solid black; padding: 2px;">1126022.00</span>
Purpose of Expenditure Ad Buy and Commission			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Transaction ID : <b>B622317</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 11 / 2016
Name of Federal Candidate: Toomey, Pat, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">1491972.62</span>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016		
Full Name of Payee <b>Drew &amp; Rogers, Inc.</b>			<input type="checkbox"/> Memo Item		
Mailing Address 30 Plymouth Street			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 14 / 2016		
City Fairfield		State NJ	Zip Code 07004		Amount <span style="border: 1px solid black; padding: 2px;">7819.54</span>
Purpose of Expenditure Payment of IE (B619964) reported on FEC M8 report. Small items & distribution. See Schedule D			Category/Type <span style="border: 1px solid black; padding: 2px;">003</span>		Transaction ID : <b>B619964</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 15 / 2016
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">381568.90</span>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">1133841.54</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Hubbard, Tshombe, , ,</i>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 31 / 2017		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 69 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		
Full Name of Payee <input type="checkbox"/> Memo Item <b>SKDKnickerbocker LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 04 / 19 / 2016		
Mailing Address 1150 18th Street NW/Ste. 800			Amount <span style="border: 1px solid black; padding: 2px;">16794.22</span>		
City Washington	State DC	Zip Code 20036	Transaction ID : <b>B599463</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 16 / 2016		
Purpose of Expenditure Payment for IE (B599463) originally reported on 2016 FEC M5 Report. See Schedule D		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: Ayotte, Kelly, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <b>NH</b> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">359969.22</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input type="checkbox"/> Memo Item <b>Community Outreach Group LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 20 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>		
City Washington	State DC	Zip Code 20005	Transaction ID : <b>B620453</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 17 / 2016		
Purpose of Expenditure Payment for IE (B620453) originally reported on 2016 FEC M8 Report. See Schedule D		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: Heck, Joseph, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <b>NV</b> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">134329.05</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">26794.22</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Hubbard, Tshombe, , ,</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 31 / 2017	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 70 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
Full Name of Payee <b>Community Outreach Group LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 20 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>		
City Washington	State DC	Zip Code 20005	Transaction ID : <b>B620454</b>		
Purpose of Expenditure Payment for IE (B620454) originally reported on 2016 FEC M8 Report. See Schedule D		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 17 / 2016		
Name of Federal Candidate: Trump, Donald, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">391568.90</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Terris Barnes &amp; Walters</b> <input checked="" type="checkbox"/> Memo Item MEMO			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 19 / 2016		
Mailing Address 400 Montgomery St # 700			Amount <span style="border: 1px solid black; padding: 2px;">1732.67</span>		
City San Francisco	State CA	Zip Code 94104	Transaction ID : <b>B623462</b>		
Purpose of Expenditure Canvass Lit-Estimated costs. See Schedule D		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 19 / 2016		
Name of Federal Candidate: Trump, Donald, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">393301.57</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">10000.00</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Hubbard, Tshombe, , ,</i>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2017		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 71 OF 80  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Bully Pulpit Interactive</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>1140 Connecticut Ave NW #800</b>				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">230000.00</div>	
City Washington		State DC		Zip Code 20036	
Purpose of Expenditure Digital Ad Buy				Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>	
Name of Federal Candidate: Toomey, Pat, , ,				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: PA	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">1789533.03</div>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Moxie Media Inc.</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>2021 Minor Ave. East</b>				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>	
City Seattle		State WA		Zip Code 99102	
Purpose of Expenditure Canvass Lit				Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>	
Name of Federal Candidate: Portman, Rob, , ,				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: OH	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">305458.82</div>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
(a) SUBTOTAL of Itemized Independent Expenditures .....				<div style="border: 1px solid black; padding: 2px; text-align: right;">235000.00</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures .....				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(a) TOTAL Independent Expenditures .....				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hubbard, Tshombe, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Moxie Media Inc.</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 19 / 2016
Mailing Address 2021 Minor Ave. East			City State Zip Code Seattle WA 99102		Amount <span style="border: 1px solid black; padding: 2px;">5000.00</span>
Purpose of Expenditure Canvass Lit			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Transaction ID : <b>B623458</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 24 / 2016
Name of Federal Candidate: Strickland, Ted, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">302244.82</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee <b>Moxie Media Inc.</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 19 / 2016
Mailing Address 2021 Minor Ave. East			City State Zip Code Seattle WA 99102		Amount <span style="border: 1px solid black; padding: 2px;">5000.00</span>
Purpose of Expenditure Canvass Lit			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Transaction ID : <b>B623459</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 24 / 2016
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <b>US</b>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">403301.57</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures .....					<span style="border: 1px solid black; padding: 2px;">10000.00</span>
(a) SUBTOTAL of Unitemized Independent Expenditures .....					<span style="border: 1px solid black; padding: 2px;"></span>
(a) TOTAL Independent Expenditures .....					<span style="border: 1px solid black; padding: 2px;"></span>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Hubbard, Tshombe, , ,</i>			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2017



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Moxie Media Inc.</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 19 / 2016	
Mailing Address    2021 Minor Ave. East				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>	
City Seattle		State WA	Zip Code 99102	<b>Transaction ID : B623460</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 24 / 2016	
Purpose of Expenditure Canvass Lit			Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: <span style="float: right;"><input checked="" type="checkbox"/> Support</span> Clinton, Hillary, , , <span style="float: right;"><input type="checkbox"/> Oppose</span>				Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">485795.56</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>SKDKnickerbocker</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 15 / 2016	
Mailing Address    1150 18th St., NW #800				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>	
City Washington		State DC	Zip Code 20036	<b>Transaction ID : B626817</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 24 / 2016	
Purpose of Expenditure Partial payment for IE (B619968) originally reported on 2016 FEC M8 Report See Schedule D			Category/ Type <span style="border: 1px solid black; padding: 2px;">003</span>		
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> / Pence, Trump, , , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>				Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">403301.57</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div>	
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(a) TOTAL</b> Independent Expenditures ..... ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hubbard, Tshombe, , ,</u> <span style="float: right;"><b>[Electronically Filed]</b></span>				Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 31 / 2017	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <span style="margin-left: 20px;">MM / DD / YYYY</span>				
Full Name of Payee <input type="checkbox"/> Memo Item <b>Moxie Media Inc.</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  07 / 27 / 2016         </div>	
Mailing Address 2021 Minor Ave. East			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1250.00         </div>	
City Seattle	State WA	Zip Code 99102	<b>Transaction ID : B621017</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  08 / 24 / 2016         </div>	
Purpose of Expenditure Full payment for IE (B621017) originally reported on FEC M8 report. See Schedule D		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 485795.56         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Moxie Media Inc.</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  07 / 27 / 2016         </div>	
Mailing Address 2021 Minor Ave. East			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1250.00         </div>	
City Seattle	State WA	Zip Code 99102	<b>Transaction ID : B621018</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  08 / 24 / 2016         </div>	
Purpose of Expenditure Full payment for IE (B621018) originally reported on FEC M8 report. See Schedule D		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: Strickland, Ted, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 302244.82         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2500.00         </div>	
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
<b>(a) TOTAL</b> Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Hubbard, Tshombe, , ,</u>		[Electronically Filed]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  01 / 31 / 2017         </div>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Bully Pulpit Interactive</b> MEMO			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 15 / 2016	
Mailing Address 1140 Connecticut Ave NW #800			Amount <span style="border: 1px solid black; padding: 2px;">0.01</span>	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>B626927</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 24 / 2016	
Purpose of Expenditure Digital Ad Buy. See Schedule D		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: Toomey, Pat, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1789533.03</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Terris Barnes &amp; Walters</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 19 / 2016	
Mailing Address 400 Montgomery St # 700			Amount <span style="border: 1px solid black; padding: 2px;">1732.66</span>	
City San Francisco	State CA	Zip Code 94104	Transaction ID : <b>B623461</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 25 / 2016	
Purpose of Expenditure Canvass Lit-Estimated costs		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: Clinton, Hillary, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">487528.22</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">1732.66</span>	
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Hubbard, Tshombe, , ,</i>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 31 / 2017	
[Electronically Filed]				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Terris Barnes &amp; Walters</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 400 Montgomery St # 700			Amount <input type="text"/>	
City San Francisco	State CA	Zip Code 94104	Transaction ID : <b>B623463</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Purpose of Expenditure Canvass Lit-Estimated costs		Category/ Type <input type="text"/> 004	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate: McGinty, Katie, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: PA	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 95482.67			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Terris Barnes &amp; Walters</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 400 Montgomery St # 700			Amount <input type="text"/>	
City San Francisco	State CA	Zip Code 94104	Transaction ID : <b>B623464</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Purpose of Expenditure Canvass Lit-Estimated costs		Category/ Type <input type="text"/> 004	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate: Toomey, Pat, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: PA	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1806522.56			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....			<input type="text"/> 3465.34	
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....			<input type="text"/>	
<b>(a) TOTAL</b> Independent Expenditures .....			<input type="text"/>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Hubbard, Tshombe, , ,</u>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
[Electronically Filed]			Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>76 Words</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 15 / 2016	
Mailing Address 1806 Vernon St, NW #100		Amount <span style="border: 1px solid black; padding: 2px;">15256.86</span>	
City Washington	State DC	Zip Code 20009	Transaction ID : <b>B622316</b>
Purpose of Expenditure Correct estimated pymnt of IE(B622316)rptd on 48 Hr IE report.Ad production, commission.See Sched.D		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 25 / 2016
Name of Federal Candidate: Toomey, Pat, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <b>PA</b> <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1806522.56</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>The Pivot Group</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 24 / 2016	
Mailing Address 1720 I Street NW Suite 550		Amount <span style="border: 1px solid black; padding: 2px;">8128.00</span>	
City Washington	State DC	Zip Code 20005	Transaction ID : <b>B623973</b>
Purpose of Expenditure Canvass Lit		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 25 / 2016
Name of Federal Candidate: Cortez-Masto, Catherine, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <b>NV</b> <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">84231.03</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<span style="border: 1px solid black; padding: 2px;">23384.86</span>	
(a) SUBTOTAL of Unitemized Independent Expenditures .....		<span style="border: 1px solid black; padding: 2px;"></span>	
(a) TOTAL Independent Expenditures .....		<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Hubbard, Tshombe, , ,</i>		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 31 / 2017	
[Electronically Filed]			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>The Pivot Group</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>1720 I Street NW Suite 550</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 24 / 2016		
City <b>Washington</b>		State <b>DC</b>		Zip Code <b>20005</b>	
Purpose of Expenditure <b>Canvass Lit</b>			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Amount <span style="border: 1px solid black; padding: 2px;">2709.00</span>			Transaction ID : <b>B623974</b>		
Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 25 / 2016			Name of Federal Candidate: <b>Heck, Joseph, , ,</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">137038.42</span>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: <b>NV</b>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 26 / 2016		
Full Name of Payee <b>Itzamna Translations Company</b>			<input checked="" type="checkbox"/> Memo Item		
MEMO			Mailing Address <b>P.O. Box 1015</b>		
City <b>Glendale</b>		State <b>AZ</b>		Zip Code <b>85311</b>	
Purpose of Expenditure <b>Translation services. See Schedule D</b>			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Amount <span style="border: 1px solid black; padding: 2px;">56.29</span>			Transaction ID : <b>B623979</b>		
Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 26 / 2016			Name of Federal Candidate: <b>Cortez-Masto, Catherine, , ,</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">84287.32</span>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: <b>NV</b>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
<div style="display: flex; justify-content: space-between;"> <div> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....  <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....  <b>(a) TOTAL</b> Independent Expenditures .....         </div> <div style="text-align: right;"> <span style="border: 1px solid black; padding: 2px;">2709.00</span>  <span style="border: 1px solid black; padding: 2px;"></span>  <span style="border: 1px solid black; padding: 2px;"></span> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hubbard, Tshombe, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2017		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Itzamna Translations Company</b> MEMO			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 26 / 2016	
Mailing Address P.O. Box 1015			Amount <span style="border: 1px solid black; padding: 2px;">56.29</span>	
City Glendale	State AZ	Zip Code 85311	Transaction ID : <b>B623980</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 26 / 2016	
Purpose of Expenditure Translation services. See Schedule D		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: Heck, Joseph, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">137094.71</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Florida Alliance of Planned Parenthood Affiliates</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 05 / 2016	
Mailing Address 122 S Calhoun St			Amount <span style="border: 1px solid black; padding: 2px;">355.04</span>	
City Tallahassee	State FL	Zip Code 32301	Transaction ID : <b>B627029</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 05 / 2016	
Purpose of Expenditure In-kind: Communications Staff Time		Category/ Type <span style="border: 1px solid black; padding: 2px;">007</span>		
Name of Federal Candidate: Future, For Our, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355.04</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Not Applicable</u>	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">355.04</span>	
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Hubbard, Tshombe, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 31 / 2017	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>O'Brien Garrett (formerly known as OMP Inc.)</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 22 / 2016		
Mailing Address 1133 19th St. NW #300			Amount <span style="border: 1px solid black; padding: 2px;">2373.29</span>		
City Washington	State DC	Zip Code 20036			
Purpose of Expenditure Printing of mail piece		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Transaction ID : <b>B617860</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 19 / 2016		
Name of Federal Candidate: Trump, Donald, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <b>US</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">25909.56</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>O'Brien Garrett (formerly known as OMP Inc.)</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 22 / 2016		
Mailing Address 1133 19th St. NW #300			Amount <span style="border: 1px solid black; padding: 2px;">2373.29</span>		
City Washington	State DC	Zip Code 20036			
Purpose of Expenditure Printing of mail piece		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Transaction ID : <b>B617857</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 19 / 2016		
Name of Federal Candidate: Clinton, Hillary, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <b>US</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">25909.56</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">4746.58</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">2576567.26</span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Hubbard, Tshombe, , ,</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2017	